## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

M32124

(3)

ANIMAI	R, INC.								
Principal Place	of Basiness	Mailing Address	·			- * 108)0041 (00 )11140 11004 91040 31011	818: 8181) <b>9</b> 181		1 81831 BEBLE 1886
9509 HARDING AVE. SURFSIDE FL 33154		9509 HARDING AVE. SURFSIDE FL 33154							
						3. Date Incorporated or Qualified 05/15/1986	3a. Date 01	of Last R /19/19	
2. Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address 26			4. FEI Number Applied For S9-2674855 Not Appliedble			
Scille, Apt. #. etc.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			Certificate of Status Desired	\$8.75 Additional Fee Required		
Ony & State		City & State	City & State			6. Election Campaign Financing			Ю Мау Ве
23   ∠η∍	Country Zip Ca		Countr	у	Trust Fund Contribution  8. This corporation has liability for it		Added to Fees		
24	25	29	30			Florida Statutes Yes No			
	9. Name and Address of Curr	ent Registered Agent	8.	ı T	Name	10. Name and Address of New R	egistered A	gent	
SMITH,	JOSE		8:			SS (P.O. Box Number is Not Acceptab	168		
100 N. E	BISCAYNE BLVD.,			_ [	Street Addre	SS (F.O. BOX Number is NOt Acceptab			
SUITE 1 MIAMI FI	411, NEW WORLD TOWER		8:	3					
MICMI I	L 33132		84	4	City		FL	85 Zi	ip Code
or registere familiar with SIGNATURE	of the provisions of Sections 607.05 ad agent, or both, in the State of Fic h, and assopt the obligations of, Sc Standing by size pulsations of og Sec. (a)	lorida. Such change was autho ection 607.0505, Florida Statut	rized by the cor	por	ation's board	tion submits this statement for the pur d of directors. I hereby accept the appointment of the pure whereinstation	pose of char pintment as r	ging its i egistered	registered office d agent. I am
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
TELF	PTD	DELETE	1. 1 111(8				C	Change	Addition
NAMi	WASERSTEIN, MARTA		1.2 NAME	1.2 NAME					
SHELL A DRESS	9509 HARDING AVE.	CHOCCIOE EL		1.3 STREET ADDRESS					
OLYS ZP	VSD			- ST -	7(P			Change	☐ Addition
NAM!		DIOCESSAN ANITA		2 1 TITLE 2 2 NAME			<b>(</b>	Unango	Addition
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CHY-ST ZIP	SURFSIDE FL			2 4 CHTY-ST-7IP					
10.8				3 1 Title				Change	Addition
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S-RELLADOLESS			3.3 STRE	E F A	IDDRESS				
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				4.3 STREET ADDRESS 4.4 CITY - ST - ZIP					
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NAM:			6.2 NAM	E					
STPEL ADDRESS			63 STRE	E1 A	DORESS				
O' SEZP			6 4 CITY						· <del>- · · · · · · · · ·</del>
14. I do hereo certity that	y certify that the information supplied the information indicated on this ar	ed with this filing is voluntarily frontial report or supplemental a	urnished and do	es Irue	not qualify for	or the exemption stated in Section 119 e and that my signature shall have the	.07(3)(k), Flor	da Statu	if made under

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under colfit, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-19-96 (305)865-9812

R2E034 (12/95)